



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

*Occupational Therapy Section
September 25, 2008
9:43 a.m.*

Members Present

Rebecca Finni, OTR/L
Kimberly Lawler, OTR/L
Rebecca LeBron, OTR/L
Nanette Shoemaker, COTA/L, Chairperson
Mary Stover, OTR/L, Secretary

Staff

Jeffrey Rosa, Executive Director
Lisa Ratinaud, Enforcement Division Supervisor

Guest

Randy Grigsby

Legal Counsel

Yvonne Tertel, AAG

Call to Order

Nanette Shoemaker, Chairperson, called the meeting to order at 9:43 a.m.

The Section began the meeting by reading the vision statement.

The Occupational Therapy Section is committed to proactively:

- Provide Education to the Consumers of Occupational Therapy Services;
- Enforce Practice Standards for the Protection of the Consumer of Occupational Therapy Services;
- Regulate the Profession of Occupational Therapy in an Ever-Changing Environment;
- Regulate Ethical and Multicultural Competency in the Practice of Occupational Therapy;
- Regulate the Practice of Occupational Therapy in all Current and Emerging Areas of Service Delivery.

Approval of Minutes

Action: Rebecca Finni moved to approve the July 15, 2008 minutes as amended. Mary Stover seconded the motion. The motion carried.

Administrative Reports

Continuing Education Report

The Section discussed the minimum length of time for granting credit for continuing education for ethics education. The Section determined that any continuing education activity dealing with ethics must be at least a minimum of 30 consecutive minutes in duration to be counted towards meeting the one hour of continuing education requirement for ethics education required per renewal cycle.

Mary Stover recommended that the Section approve 144 applications for contact hour approval.

Action: Rebecca Finni moved to approve 144 applications for contact hour approval. Kimberly Lawler seconded the motion. The motion carried.

Licensure Report

Action: Kimberly Lawler moved that the Occupational Therapy Section ratify, as submitted, the licenses and limited permits initially issued by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board July 15, 2008 through, September 25, 2008 to occupational therapists and occupational therapy assistants, pending receipt of any outstanding items and passage of the laws and rules examination, taking into account those licenses subject to discipline, surrender, or non-renewal. Rebecca Finni seconded the motion. Kimberly Lawler and Nanette Shoemaker abstained from voting. The motion carried.

Occupational Therapist – Examination

Arroyo, Gina	Bockbrader, Angela	Conaway, Sarah
Cook Shelby	Crater, Melinda	Emond, Karen
Farley, Aaron	Haller, Rosemary	Heintz, Veronica
Logan, Sherry	Muntwyler, Lorraine	Neil, Carrie
O'Neil, Shannon	Overcash, Christina	Snyder, Terena
Ulis, Erin		

Occupational Therapy Assistant – Examination

Albalakousy, Jennifer	Brigham, Britnie	Brown, Amanda
Bryant, Allison	Byrne, Mallorie	Carnicom, Alexi
Carroll, Kaleena	Clunen, Michelle	Coots, Susan
Corman, Andrea	D'Aquila, Krystal	Dean, Jessica
Despones, Jessica	Fouse, Derrick	Fulford, Amanda
Garvin, Whitney	Gonzales, Venessa	Grooms, Misty
Hanneman, Kenzie	Heyne, Karis	Hines, Lisa
Hodges, Katherine	Kerr, Brooklin	Kuebbeler, Kristine
Luke, Valerie	McCoy, Jeremy	Mullins, Meagan
Newman, Crystal	Pacewicz, Katie	Parsley, Jennifer
Paxson, Candace	Poepelman, Janelle	Reed, Brandie
Shaw, Heidi	Siefker, Kristy	Stine, Marlene
Traw, Sarah		

Occupational Therapist – Endorsement

Bertram, Jennifer	Burris, Emily	Carpenter, Amber
Cutsinger, Janet	Dailey, Melissa	Darragh, Amy
Dean, Lindsey	Dunlap, Virginia	Fill, Katie
French, Karen	Green, Erin	Haile, Jesse
Hastings, Larissa	Hastings, Leon	Herblet, Bethany
Jefferson, Ami	Kuhn, Kristen	Lane, Rachel
Miller, Mara	Murray, Christina	Nagy, Jessica
Pyles, Paula		

Occupational Therapy Assistant – Endorsement

Bartram, Phillip	Biancuzzo, Michele	Cousins, Roxanne
Fowlkes, Tia	Gesualdo, Diane	Henrich, Krista
Pennington, Kristy	Porcher, Sarah	Reed, Shawna
Thompson, Michele		

Occupational Therapist – Reinstatement

Anson, Patricia	Engel-Dixon, Andrea	Garcia, Susan
Hughes, Shelagh	Lester, Stephanie	Polz, Eric
Rickman, Donna	Tokash, Jennifer	

Occupational Therapy Assistant – Reinstatement

Bello, Heather	Blankenship, Richard	Clark, Catherine
Craighead, Sandra	Davis, Leichia	Harkless, Yvonne
Littin, Dawn	Root, Patrice	

Occupational Therapist – Limited Permit

Deyling Lu Ann	George Bethany	Haynes Carrie
Hensley Kristi	Jaquith Erin	Krah Heidi
Kubec Gina	Lydick Kimberly	Martin Mary
Meyer Julie	Miller William	Pavlis Pamela
Ruble Courtney	Stotts Crystal	Wagner Julie
Walker Toni	Yeager Mary	Zeyen Beth

Occupational Therapy Assistant – Limited Permit

Barr, Jennifer	Birkley, Jessica	Black, Melissa
Carr, Melisa	Crossman, Amber	Duvall, Karla
Garcia, Angela	Gibson, Alicia	Graham, Denise
Halberg, Carole	Hall, Aimee	Hammond, Rachel
Harrold, Lori	Hintz, Brian	Hoffmann, Courtney
Hughes, Wendy	Kamphaus, Sarah	Kinnan, Malonna
Kubit, Michelle	Kuenle, Brenda	Lanese, Heather
Llewellyn, Hillary	Mahon, Misty	McDonald, Sharon
McFall, Kara	McGuire, Michael	McPherson, Rachel
Paul, Monica	Rardain, Kimberly	Ricci, Alesha
Russell, Donna	Sadler, Carla	Sebenoler, Michelle
Sharp, Courtney	Simmers, Kari	Sutter, Hillary
Tetrault-Boeh, Lori	Thompson, Amy	Tipton, Holly
Toplek, Jessica	Weber, Angela	Workman, Penny
Younglove, Jody		

Occupational Therapist– Escrow Restoration

Shivak, Andrea	Smith, Kristina	Soble, Lori
Steffen-Nussbaum, Sharon	Weiss, Jennifer	Wells, Elizabeth
Williams, Jennifer		

Occupational Therapy Assistant – Escrow Restoration

Lieberman, Catherine	McGee, Tammy
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Limited Licensure Agreements

Kimberly Lawler informed the Section that Ahse Wen complied with the terms and conditions of her limited license and was released from the terms of her agreement.

Kimberly Lawler recommended that, pursuant to rule 4755-3-01(F) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant applicant 4816759, who has been out of practice for more than five years, to include a requirement that the applicant complete 300 hours of supervised practice within 6 months of the issuance of the limited license, and complete and pass the American Occupational Therapy Association Fieldwork Performance Evaluation tool for occupational therapy assistant. **Action:** Nanette Shoemaker moved that Section grant a limited occupational therapy assistant license to applicant 4816759. Mary Stover seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Assistant Attorney General’s Report

Yvonne Tertel, AAG, informed the Section that some her assignments may change when the new Attorney General is elected. Ms. Tertel anticipates that she will continue to represent the OTPTAT Board.

Case Review Liaison report

The Enforcement Division opened four new cases and closed three cases since the July 15, 2008 meeting. There are currently nine cases open. There are three disciplinary consent agreements and one non-disciplinary consent agreement being monitored.

The Enforcement Division mailed out 21 letters to occupational therapy licensees who were late in completing their ethics requirements and 15 letters to licensees who are required to make up the ethics requirements.

Enforcement Actions

Rebecca Finni recommended that the Section accept the surrender consent agreement for case OT-07-018 in lieu of going to a hearing. **Action:** Nanette Shoemaker moved that the Section accept the surrender consent agreement for case OT-07-018 in lieu of going to a hearing. Kimberly Lawler seconded the motion. Rebecca Finni and Rebecca LeBron abstained from voting. The motion carried. The Section accepted the consent agreement for Tesha Pickard,

in which Ms. Pickard agrees to voluntarily surrender her license and the Section hereby simultaneously revokes her license to practice as an occupational therapist assistant in the State of Ohio.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-07-040 in lieu of going to a hearing. **Action:** Nanette Shoemaker moved that the Section accept the consent agreement for case OT-07-040 in lieu of going to a hearing. Kimberly Lawler seconded the motion. Rebecca Finni and Rebecca LeBron abstained from voting. The motion carried. The Section accepted the consent agreement for Molly Miller aka (Murray), OTA.

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-09-001 for practicing with an expired license. **Action:** Nanette Shoemaker moved that a notice of opportunity for hearing be issued for case OT-09-001 for working with an expired license. Mary Stover seconded the motion. Rebecca LeBron and Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-09-002 for practicing with an expired license. **Action:** Nanette Shoemaker moved that a notice of opportunity for hearing be issued for case OT-09-002 for working with an expired license. Mary Stover seconded the motion. Rebecca LeBron and Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-09-003 for practicing with an expired license. **Action:** Nanette Shoemaker moved that a notice of opportunity for hearing be issued for case OT-09-003 for working with an expired license. Mary Stover seconded the motion. Rebecca LeBron and Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-09-005 for practicing with an expired license. **Action:** Nanette Shoemaker moved that a notice of opportunity for hearing be issued for case OT-09-005 for working with an expired license. Mary Stover seconded the motion. Rebecca LeBron and Rebecca Finni abstained from voting. The motion carried.

Rebecca LeBron recommended that the Section issue a notice of opportunity for hearing for occupational therapist reinstatement file number 4802221 for failure to comply with the terms for reinstatement outlined in an adjudication order, which was the result of a 2006 disciplinary action. **Action:** Nanette Shoemaker moved that the Section issue a notice of opportunity for hearing for occupational therapist reinstatement file number 4802221 for failure to comply with the terms for reinstatement outlined in an adjudication order, which was the result of a 2006 disciplinary action. Kimberly Lawler seconded the motion. Rebecca LeBron and Rebecca Finni abstained from voting. The motion carried.

Correspondence

1. **Lois Bokman:** Ms. Bokman asked the Section a question regarding occupational therapy coverage for supervision of limited permit holders. **Reply:** An occupational therapist taking regularly scheduled days off or job sharing can reassign supervision of limited permit holders to another occupational therapist to provide supervision to any occupational therapy personnel providing services to the patient. The supervisor need not be on-site, but must be available for consultation at all times. The supervisor and limited permit holder must meet in person at least once per week, and establish evidence, either in client records or in a separate document, e.g. collaboration log, that the supervision took place. Co-signature of occupational therapy assistant and limit permit holders' documentation continues to be a requirement.
2. **James Bishop:** Mr. Bishop asked the Section a question regarding whether using ultrasound and electrical stimulation falls within the scope of practice for an occupational therapist or occupational therapist assistant. **Reply:** Section 4755.04 (A) of the Ohio Revised Code states, "Occupational therapy" means the therapeutic use of everyday life activities or occupations with individuals or groups for the purpose of participation in roles and situations in the home, school, workplace, community, and other settings. The practice of occupational therapy includes all of the following: (1) Methods or strategies selected to direct the process of interventions, including, but not limited to, establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired and compensation, modification, or adaptation of activity or environment to enhance performance; (2) Evaluation of factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation,

including, but not limited to, sensory motor abilities, vision, perception, cognition, psychosocial, and communication and interaction skills; (3) Interventions and procedures to promote or enhance safety and performance in activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, application of physical agent modalities, use of a range of specific therapeutic procedures to enhance performance skills, rehabilitation of driving skills to facilitate community mobility, and management of feeding, eating, and swallowing to enable eating and feeding performance; (4) Consultative services, case management, and education of patients, clients, or other individuals to promote self-management, home management, and community and work reintegration; (5) Designing, fabricating, applying, recommending, and instructing in the use of selected orthotic or prosthetic devices and other equipment which assists the individual to adapt to the individual's potential or actual impairment; (6) Administration of topical drugs that have been prescribed by a licensed health professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code. Therefore, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use physical agent modalities in the provision of occupational therapy services provided that the therapist can document and demonstrate competency in the modality and is practicing within the occupational therapy scope of practice.

3. **Kim Markwell:** Ms. Markwell asked the Section whether occupational therapists are required to complete a course in modalities by the end of 2008. **Reply:** It is not a requirement of the Occupational Therapy Section to complete a course in modalities. In accordance with section 4755.04(A) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use physical agent modalities in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice. If an occupational therapy assistant is using the modality as a form of treatment, both the occupational therapy assistant and occupational therapist must document and demonstrate competency in the modality.
4. **Chris McCallister:** Ms. McCallister asked the Section a question regarding whether it is legal for an occupational therapy assistant to complete the final discharge visit and asked how often an occupational therapist should conduct a supervisory visit for an occupational therapy assistant. **Reply:** It is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of discharge plan development, as indicated in rule 4755-7-03 of the Ohio Administrative Code. If there is collaboration between the occupational therapy assistant and the occupational therapist, the collaboration must be reflected in the patient documentation. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, including requiring a physician's referral and/or prescription, which need to be met for accreditation and/or reimbursement of occupational therapy services. Pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. Supervision requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place.
5. **Nancy Boggs:** Ms. Boggs asked the Section question regarding the licensee selection criteria for the continuing education audit. **Reply:** Pursuant to rule 4755-9-01(C) of the Ohio Administrative Code, the Occupational Therapy Section conducts a random audit of continuing education records of licensees each renewal year. Licensees are randomly chosen by a computer. The Section audits between twenty and thirty percent of the licensees each renewal cycle. Licensees may be frequently audited due to the population size of occupational therapists licensed in the State of Ohio.
6. **William Henry:** Mr. Henry asked the Section questions regarding clarification on the supervision ratio requirements for occupational therapy assistants working in a school based setting. **Reply:** The Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants

and/or limited permit holders an occupational therapist may supervise and does not regulate caseload levels. Ratios establishing the number of students that an occupational therapist may serve are located in administrative rules adopted by the Ohio Department of Education. Rule 3301-51-09(I) of the Ohio Administrative Code states: (3) Related service providers for preschool and school-age children with disabilities shall provide direct services in accordance with the following ratios. Additionally, consideration shall be given to paragraph (I)(1) of this rule. Indirect and direct services shall be provided in accordance with each child's Individualized Education Program (IEP). (c) An occupational therapist shall provide services to no more than fifty school-age children with disabilities or no more than forty preschool children with disabilities. An occupational therapy assistant who provides occupational therapy techniques must do so under the general supervision of an occupational therapist as required by rules 4755-7-01 and 4755-7-03 of the Administrative Code. This rule only specifies ratios for occupational therapists and is silent on caseload maximums for occupational therapy assistants. The Section recommends that Mr. Henry contact the Ohio Department of Education with his questions or review the Ohio Department of Education laws and regulations to discern the maximum number of students an occupational therapist in a school based setting may have on their caseload. The Section is currently working with the Ohio Occupational Therapy Association and the Ohio Department of Education to address this issue as many professionals are raising similar concerns. Pursuant to rule 4755-7-01 of the Administrative Code, when maintaining a separate caseload, a full-time occupational therapist may supervise no more than four full-time limited permit holders and/or occupational therapy assistants. If the occupational therapist is only providing client evaluations and supervision and does not have a separate caseload, the occupational therapist may supervise six full-time limited permit holders and/or occupational therapy assistants. The number of limited permit holders and/or occupational therapy assistants that a part-time occupational therapist may supervise is proportionate to the number of hours worked by the part-time occupational therapist. However, this ratio may not be acceptable in the school setting. Under the Ohio Occupational Therapy Practice Act, the occupational therapist is ultimately responsible for all clients/students served by an occupational therapy assistant. The occupational therapy assistant does not maintain a caseload that is separate from the occupational therapist. The occupational therapist must provide appropriate supervision and assure that treatments are rendered according to safe and ethical standards and in compliance with the Ohio Occupational Therapy Practice Act. In accordance with rule 4755-7-08, "Occupational therapy practitioners shall provide adequate supervision to individuals for whom the practitioners have supervisory responsibility." In accordance with rule 4755-7-03, the occupational therapist assumes professional responsibility for and may not wholly delegate: interpretation of referrals for occupational therapy service; interpretation and analysis for evaluation purposes; and development, interpretation, and modification of the treatment/intervention plan and discharge plan. The occupational therapy assistant may contribute to and collaborate in: the evaluation process by gathering data, administering standardized tests, and reporting observations; establishing and documenting the intervention and discharge plan; and choosing treatment interventions. The occupational therapy assistant may independently select treatment activities according to the intervention plan and document progress and outcomes.

7. **Matt Briner:** Mr. Briner asked the Section a question regarding what delineates an occupational therapy plan of care. **Reply:** Administrative rule 4755-7-03 states: "(A) The occupational therapist shall assume professional responsibility for the following activities, which shall not be wholly delegated, regardless of the setting in which the services are provided. (3) Development, interpretation, and modification of the treatment/intervention plan and the discharge plan." What constitutes a plan of care is not specifically defined by the Occupational Therapy Section. The Section recommends that Mr. Briner contact the American Occupational Therapy Association (AOTA) for additional information on documentation guidelines.
8. **Melanie Higgins:** Ms. Higgins asked the Section a question regarding what delineates an occupational therapy plan of care. **Reply:** Administrative rule 4755-7-03 states: "(A) The occupational therapist shall assume professional responsibility for the following activities, which shall not be wholly delegated, regardless of the setting in which the services are provided. (3) Development, interpretation, and modification of the treatment/intervention plan and the discharge plan" What constitutes a plan of care is not specifically defined by the Occupational Therapy Section. The Section recommends that Ms. Higgins contact AOTA for additional information on documentation guidelines.

9. **Beth Mysliwec-Andlinger:** Ms. Mysliwec-Andlinger asked the Section whether a written parental consent is required prior to providing occupational therapy services to students in a school setting. **Reply:** It is not within the jurisdiction of the Occupational Therapy Section to render advice concerning the IEP process. The Section recommends contacting the Ohio Department of Education, Office for Exceptional Children at <http://ode.ohio.gov>. Also, the Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist Ms. Mysliwec-Andlinger with many of her questions regarding school based Individualized Education Program (IEP) issues. Ms. Mysliwec-Andlinger may contact the Ohio Occupational Therapy Association at www.oota.org. Finally, Ms. Mysliwec-Andlinger may wish to consult legal counsel concerning her question.
10. **Tracey Cooper:** Ms. Cooper asked the Section a question regarding clarification on the caseload requirements and documentation for occupational therapy assistants working in a school based setting. **Reply:** The Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants and/or limited permit holders an occupational therapist may supervise and does not regulate caseload levels. Ratios establishing the number of students that an occupational therapist may serve are located in administrative rules adopted by the Ohio Department of Education. Rule 3301-51-09(I) of the Ohio Administrative Code states: (3) Related service providers for preschool and school-age children with disabilities shall provide direct services in accordance with the following ratios. Additionally, consideration shall be given to paragraph (I)(1) of this rule. Indirect and direct services shall be provided in accordance with each child's Individualized Education Program (IEP). (c) An occupational therapist shall provide services to no more than fifty school-age children with disabilities or no more than forty preschool children with disabilities. An occupational therapy assistant who provides occupational therapy techniques must do so under the general supervision of an occupational therapist as required by rules 4755-7-01 and 4755-7-03 of the Administrative Code. This rule only specifies ratios for occupational therapists and is silent on caseload maximums for occupational therapy assistants. The Section recommends that Ms. Cooper contact the Ohio Department of Education with her questions or review the Ohio Department of Education laws and regulations to discern the maximum number of students an occupational therapist in a school based setting may have on their caseload. The Section is currently working with the Ohio Occupational Therapy Association and the Ohio Department of Education to address this issue as many professionals are raising similar concerns. If an individual feels that a school district is not in compliance with the Ohio Department of Education regulations, that person should file a complaint with the Ohio Department of Education Office for Exceptional Children against the school district. Pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. Supervision requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. Please refer to the Board's website for examples of the supervision log.
11. **Kawangme Park:** Ms. Park asked the Section questions regarding whether it is in the scope of practice for an occupational therapy assistant to perform a home assessment. **Reply:** Pursuant to section 4755.04(C) of the Revised Code and rule 4755-7-03 of the Administrative Code, it is the position of the Occupational Therapy Section that for home assessments, occupational therapy assistants may gather objective information and report observations, with or without the patient and/or occupational therapist being present. However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations.
12. **Shana Rowe:** Ms. Rowe asked the Section questions regarding whether it is in the scope of practice for an occupational therapy assistant to perform a home assessment. **Reply:** Pursuant to section 4755.04(C) of the Revised Code and rule 4755-7-03 of the Administrative Code, it is the position of the Occupational Therapy Section that for home assessments, occupational therapy assistants may gather objective information and report observations, with or without the patient and/or occupational therapist being present.

However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations.

13. **William Miller:** Mr. Miller asked the Section a question regarding clarification on the supervision requirements for an occupational therapy limited permit holder. **Reply:** Pursuant to rule 4755-7-01 of the Administrative Code, the occupational therapist limited permit holder and occupational therapy assistant limited permit holder must be supervised by an occupational therapist. The supervising occupational therapist must determine that the limited permit holder possesses a current limited permit to practice occupational therapy prior to allowing him or her to practice. Supervision is an interactive process; simply co-signing client documentation does not meet the minimum level of supervision. Supervision must include a review of the client assessment, reassessment, treatment plan, intervention, and the discontinuation of the intervention. The limited permit holder may not initiate or modify a client's treatment plan without first consulting with the supervising occupational therapist. The supervisor need not be on-site, but must be available for consultation at all times. The supervisor and limited permit holder must meet in person at least once per week, and establish evidence, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place.
14. **Mary Brown:** Ms. Brown asked the Section a question regarding whether an occupational therapist is required to obtain a certificate from the Ohio Department of Education to practice in the school system. **Reply:** An occupational therapist is required to obtain a pupil services license with the Ohio Department of Education (ODE) in order to work in an Ohio school system. Please contact the Office of Educator Licensure at (614) 466-3593 or Educator.Licensure@ode.state.oh.us for additional information.

OT/PT Joint Correspondence

- JB 1. Carol Harper:** Ms. Harper asked the Sections questions regarding occupational and physical therapists co-treating. **Reply:** Joint evaluations between occupational therapy and physical therapy may be done; however, the physical therapist and physical therapist assistant may only treat pursuant to the physical therapy evaluation and plan of care and the occupational therapist and occupational therapy assistant may only treat pursuant to the occupational therapy evaluation and plan of care. Occupational therapy and physical therapy practitioners may not treat pursuant to an evaluation and plan of care established by the other discipline. There is nothing in the Ohio Occupational and Physical Therapy Practice Acts that prohibits occupational therapists or physical therapists from providing services in the same segment of time. However, it is not within the jurisdiction of the Occupational Therapy and Physical Therapy Boards to render billing and reimbursement advice. The Sections recommend that Ms. Harper communicate with the facility and payer to determine if they have requirements that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts. Be aware that even in the acute hospital, patients have many different insurance policies; e.g. Medicare Part B rules may apply to some services.
- JB 2. Benito Juarez:** Mr. Juarez asked the Sections questions regarding licensure requirements for individuals holding dual licensure as an occupational therapy assistant and physical therapist assistant. **Reply:** While there is no law or rule prohibiting an individual from working as both an occupational therapy assistant and a physical therapist assistant for one employer, the individual would be required to document very clearly that the appropriate plan of care was being followed when working under either license, and would also be required to inform patients and other practitioners at each encounter which role was being filled. An occupational therapy assistant may only treat pursuant to the occupational therapy plan of care and the physical therapist assistant may only treat pursuant to the physical therapy plan of care. As noted in my previous response, Ms. Juarez would need to meet the continuing education requirements for renewal of each license. That would not necessarily mean double the units since some courses might count for both licenses if attended during the appropriate time period.
- JB 3. Brittani Withers:** Ms. Withers asked the Sections questions regarding whether it is in the scope of practice for occupational therapy assistant and a physical therapist assistants to complete the progress report form Ms. Withers supplied. **Reply:** It is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations, as indicated in rule 4755-7-03 of the Ohio Administrative Code. Collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. The Physical Therapy Section identifies elements of the form submitted that can be completed only by a

physical therapist. These include revision of the frequency and duration in a plan of care for continued therapy as well as the decision for discharge and discharge plan. The physical therapist assistant may assess responses to treatments rendered and make judgments about progress toward goals as outlined in the plan of care and may document this in the assessment portion of the daily or progress note in the medical record. Therefore, a physical therapist assistant could enter information on the form that is limited to reporting progress toward goals within the existing plan of care. It is the position of the Physical Therapy Section that physical therapist assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the physical therapist to interpret and make recommendations for the purpose of discharge development or revising a plan of care. If there is collaboration between the physical therapist and the physical therapist assistant, the collaboration must be reflected in the patient documentation. On the form submitted, checking "Re-eval" or "Discharge Summary" would require participation of the physical therapist in completing the form.

JB 4. Robin Kirschsieper: Ms. Kirschsieper asked the Sections a question regarding how long to a continuing education provider should retain course evaluations from occupational and physical therapy participants. **Reply:** Neither the Physical Therapy Section nor the Ohio Physical Therapy Association would ever request completed copies of the course evaluation forms, so there is not need to retain them once the feedback is reviewed. The Occupational Therapy Section does not have a policy for records retention. The Section recommends that Ms. Kirschsieper contact her legal counsel regarding an appropriate record retention policy.

JB 5. Jennie Jacob: Ms. Jacob asked the Sections a question regarding billing practices for occupational and physical therapy services. **Reply:** It is not within the jurisdiction of the Occupational Therapy and Physical Therapy Sections to render billing and reimbursement advice. The Sections recommend that Ms. Jacob consult specific payer polices and the American Physical Therapy Association (APTA) and the American Occupational Therapy Association (AOTA), or the Ohio chapters of these organizations, for information regarding reimbursement. On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, only those letters should immediately follow the person's name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Jane/John Doe, PT, MSPT.

JB 6. Amanda Eads: Ms. Eads asked the Sections a question regarding the frequency of occupational and physical therapy treatment or re-evaluation required for patients delegated to occupational therapy assistants and physical therapist assistants and if an occupational therapy assistant and physical therapist assistant can conduct screens. **Reply:** The Occupational Therapy Section does not have specific requirements for frequency of re-evaluation; however, Ms. Eads's agency, accrediting bodies and reimbursement agencies may have other requirements and guidelines that need to be met for reimbursement of occupational therapy services. The occupational therapist is responsible for the overall care of the patient, including the supervision of any occupational therapy personnel providing services to that patient. Rule 4755-7-03 of the Ohio Administrative Code states in part that "the supervising occupational therapist shall determine the occupational therapy treatments that the occupational therapy assistant may perform. In making this determination, the supervising occupational therapist shall consider the following: the clinical complexity of the patient/client, competency of the occupational therapy assistant, the occupational therapy assistant's level of training in the treatment technique, and whether continual reassessment of the patient/client's status is needed during treatment. This rule shall not preclude the occupational therapy assistant from responding to acute changes in the patient/client's condition that warrant immediate action." It is the position of the Occupational Therapy Section that screens, or identification of candidates for therapy, may be performed by an occupational therapy assistant. The Section interprets a screen to be only data gathering and non-evaluative in nature. In accordance with rule 4755-7-03 of the Administrative Code, the occupational therapist interprets the data and makes necessary recommendations. All screens must be cosigned by the occupational therapist, and collaboration with the occupational therapist must be documented. The Ohio Physical Therapy practice Act is silent on the frequency of physical therapist treatment or re-evaluation required for patients delegated to physical therapist assistants. However, the ultimate responsibility for the care of the patient lies with the physical therapist and all supervisory responsibilities must be met. In all practice settings, the physical therapist should reassess a patient in accordance with the needs of the patient/client. The frequency of re-evaluation of a patient must be

individualized and based upon that patient's impairments and response to treatment. A physical therapist is to see the patient/client upon request of the physical therapist assistant for re-examination, when a change in treatment plan of care is needed, prior to any planned discharge, or in response to a change in the patient/client's medical status. The ultimate responsibility for care of the patient lies with the evaluating physical therapist. Relying solely on information gathered by the physical therapist assistant during treatment does not constitute a reassessment, and may not fulfill the physical therapist's obligation to provide the appropriate standard of care. Likewise, in order to meet acceptable standards of care, the physical therapist assistant has a legal obligation in the overall care of the patient to ensure the supervising physical therapist performs the review and assessment. The Physical Therapy Section also recommends that Ms. Eads consult her payer policies as Medicare and other insurance companies may have specific rules regarding the frequency of interventions provided by a supervising physical therapist. In response to Ms. Eads's question about whether or not a physical therapist assistant can complete a screening in order to determine the need for physical therapy, according to rule 4755-27-03 (E)(5) of the Ohio Administrative Code, the physical therapist assistant may gather data about a patient to perform a screening that is non-evaluative in nature. This type of screening does not include physical contact with the patient. Interpretation of this information is the responsibility of the physical therapist.

JB 7. Nathan Wagner: Mr. Wagner asked the Sections a question regarding whether it is acceptable for supervising occupational and physical therapy practitioners to use an electronic signature when co-signing an occupational therapy assistant and physical therapist assistant's notes. **Reply:** It is the position of the Occupational Therapy Section that electronic signatures are acceptable for occupational therapy practitioners' documentation as long as security and integrity has been maintained. When using an electronic signature, a copy of the individual's name, handwritten signature, and electronic signature must be on file at the location where the electronic signature is used. Co-signature of occupational therapy assistant documentation continues to be a requirement. It is the position of the Occupational Therapy Section that for any electronic documentation, the supervising occupational therapist must co-sign and reference the dates of the entries into the patient/client medical record. The occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan. It is the position of the Physical Therapy Section that when using an electronic signature, a hard copy of the individual's name and handwritten signature must be kept on file at the practice location such as in the medical records department or the physical therapy records. The physical therapist or physical therapist assistant must also assure that the electronic signature can be tracked to a unique logon code used only by that individual. Should the individual not electronically be capable of dual signatures, the individual then shall be required to have a hard paper copy that is co-signed by the physical therapist. The Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board investigators shall have access to **all** documentation related to occupational and physical therapy practice, written or electronic.

JB 8. Rebecca Farmer: Ms. Farmer asked the Sections a question regarding whether it is appropriate for occupational and physical therapy practitioners to continue occupational and physical therapy services after the patient has exhausted his/her Medicare benefits. **Reply:** It is not within the jurisdiction of the Occupational Therapy and Physical Therapy Sections to render billing and reimbursement advice. However, the situation described is addressed in the ethical code of conduct of each Section. It is the position of the Ohio Occupational and Physical Therapy Section that a facility may establish policies on whether occupational and/or physical therapy practitioners may continue occupational and/or physical therapy services after the patient has exhausted his/her Medicare benefits. The Section recommends that Ms. Farmer refer to Medicare or payer policies for any specific requirements in her setting. In addition, rule 4755-7-06 of the Ohio Administrative Code states that, an occupational therapist or occupational therapy assistant shall not exploit persons served professionally by: (A) Accepting individuals for treatment if benefit cannot reasonably be expected to occur. (B) Continuing treatment without reasonable expectation of further benefits. In the situation described, it would be the responsibility of the occupational or physical therapist to make it clear to the patient/client and family that, in his/her professional opinion, the patient/client is no longer making progress and that further gains are not anticipated. If therapy were to continue, it would be for maintenance of current function. If the patient/client and family decide to continue occupational or physical therapy services after such communication and are aware that no further benefit beyond maintenance of skills is anticipated, the occupational therapist would not be in violation of rule 4755-7-06, nor would the physical therapist be in violation of rule 4755-27-05(B)((5)(e) if he/she

continued services. It is the position of the Physical Therapy Section that only the physical therapist can make the clinical determination of whether continued physical therapy will provide greater benefit than restorative nursing in maintaining function. If a maintenance program is set up with restorative nursing, the physical therapist may periodically screen the patient to see if further physical therapy is warranted. If physical therapy services are continued to maintain function, the Physical Therapy Section recommends consulting payer policies and contracts on whether or not those maintenance services must be communicated to the payer.

- JB 9. Dena Howell:** Mr. Howell asked the Sections a question regarding whether it is in the scope of practice for occupational therapy, physical therapy, and athletic trainers practitioners to perform NeuroCranial restructuring treatments and asked if this treatment is restricted to only the Board's licensees. **Reply:** There is nothing in the Occupational Therapy, Physical Therapy, or Athletic Training Practice Acts that would prohibit occupational therapy, physical therapy, or athletic training practitioners from performing NeuroCranial Restructuring Treatment. Occupational therapy, physical therapy and athletic training practitioners must document and demonstrate competency in the technique being administered. Furthermore, there is nothing in the Occupational Therapy, Physical Therapy, or Athletic Training Practice Acts that would prohibit other qualified individuals from using this technique if it falls within their scope of practice. However, pursuant to section 4755.47(A)(5) of the Ohio Revised Code, all licensed physical therapist and physical therapist assistants must adhere to the ethical standards described in rule 4755-27-05 of the Ohio Administrative Code when providing or billing for physical therapy services. Nothing in this response should be considered an endorsement of NeuroCranial Restructuring.
- JB 10. Juliann Steblinski:** Ms. Steblinski asked the Section a question regarding whether it is in the scope of practice for an occupational therapy assistant to perform a home assessment without the supervision of an occupational or physical therapist. **Reply:** Pursuant to section 4755.04(C) of the Revised Code and rule 4755-7-03 of the Administrative Code, it is the position of the Occupational Therapy Section that for home assessments, occupational therapy assistants may gather objective information and report observations, with or without the patient and/or occupational therapist being present. However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations. An occupational therapy assistant may only be supervised by an occupational therapist when performing occupational therapy services. Supervision requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document, that the supervision took place. The supervising occupational therapy practitioner shall only assign duties or functions to the occupational therapy student or aides that are commensurate with his/her education or training. A physical therapist could supervise an occupational therapy assistant only if that individual were functioning as other licensed personnel within the physical therapy plan of care. Other licensed personnel within physical therapy cannot perform assessments, and direct supervision of other licensed personnel requires the physical therapist to be onsite, having direct contact with the patient during each session. Therefore, a physical therapist could not supervise an occupational therapy assistant in conducting a home assessment as Ms. Farmer described. The Physical Therapy Section has concerns about Ms. Steblinski's comment that home assessments are billed as modalities. It is the responsibility of every licensed physical therapist or physical therapist assistant to assure that the services he/she provides are billed accurately, so the codes used must match the services documented.
- JB 11. Jenna Dahman:** Ms. Dahman asked the Sections questions regarding whether an occupational therapy student and/or a physical therapy student can document in the medical records with a co-signature by the supervising occupational therapist or physical therapist. Ms. Dahman also asked if students are required to identify themselves in the patient record. **Reply:** The Ohio Occupational Therapy Practice Act does not specifically address the inclusion of student documentation in the client's record. Paragraph (D)(2) of rule 4755-7-01 of the Administrative Code states that "the supervising occupational therapy practitioner shall only assign duties or functions to the occupational therapy student that are commensurate with his/her education and training." Furthermore, the Ohio Occupational Therapy Practice Act is silent on the signature

designation for occupational therapy students. The Occupational Therapy Section is in the process of adopting a rule governing student signatures. It is the position of the Physical Therapy Section that documentation must clearly reflect who performed the service and when the services were provided. When students are involved in the components of a treatment session, they may document only their involvement. They may use the credential "Student PT," "Student PTA," "SPT," or "SPTA." If signing just the initials, a written policy in the facility/agency documenting that these initials are defined as "Student PT" and "Student PTA" satisfies the current rules on legal signatures. The Sections recommend that Ms. Dahman determine the facility policy, consult third party payers, and review the Accreditation Council for Occupational Therapy Education (ACOTE) Standards and the Commission on Accreditation in Physical Therapy Education (CAPTE) as resources she may wish to contact regarding student documentation and signature designation. The standards adopted by ACOTE, CAPTE, third party payers, and the facility's policies may be more restrictive than the Ohio Occupational and Physical Therapy Practice Acts.

Old Business

Consumer Education

There are no updates at this time.

New Business

Occupational Therapy Section Code of Ethics

This topic was tabled until the November 2008 meeting.

Occupational Therapy Jurisprudence Examination Revisions

This topic was tabled until the November 2008 meeting.

Occupational Therapy Late Renewal Fee

This topic was tabled until the November 2008 meeting.

Draft Rules

The Section reviewed the draft changes for rules 475-3-05, 4755-3-14, 4755-7-08, and 4755-7-10. The Section made revisions to the draft rules and directed the Executive Director to post the revised language on the listserv to obtain feedback from licensees.

Review Outcome of the OT/PT School Based Institute Presentation

The Occupational Therapy Section and the Physical Therapy Section presented at the OT/PT School Based Institute. The Section discussed conducting a joint presentation every other year. When the Section is not presenting then the OT/PT Sections will staff a booth which will include one member each from the Occupational Therapy Section, the Physical Therapy Section, and board staff.

Prepare Presentation for the OOTA Conference

The Section discussed the presentation topics for the OOTA Conference. The topics will include the role of the board, recent rules changes, strategic plan, enforcement overview, supervision, collaboration, dialogue with the Ohio Department of Education, and overview frequently asked questions.

Review 2009 5-Year Rules

The Section reviewed rules 4755-7-01, 4755-7-03, 4755-7-04, 4755-7-05, 4755-7-07, 4755-7-08, and 4755-8-01.

Standard Response for Caseload and Supervisory Ratios for School Based Therapy

The Section reviewed the draft standard response for the caseload and supervisory ratios for school based therapy. The Section will add this to the standard response.

Open Forum

Kimberly Lawler asked the Section to clarify how long an occupational therapy practitioner should maintain collaboration documentation. The Occupational Therapy Section recommended that an occupational therapy practitioner maintain collaboration documentation for a minimum of three years. If collaboration is part of the medical record, a separate collaboration log is not needed.

Rebecca LeBron informed the Section that she attended a NBCOT committee meeting. Ms. LeBron further reported that NBCOT is looking to offer new services that would include an on-line service to record continuing education activities, special certifications, and re-testing certifications to promote proficiency.

Rebecca Finni informed the Section that she will attend the 2008 NBCOT State Regulatory Conference on October 24-25, 2008.

The Occupational Therapy Section was invited to attend the January 2009 Physical Therapy Section meeting to discuss the use of aides as service extenders.

OTA Report

There was no report given.

Items for Next Meeting

- Review Ohio Occupational Therapy Code of Ethics
- Ohio Jurisprudence Exam Revisions
- Review OTA Conference
- Review comments on Draft Rules
- Occupational Therapy Late Renewal Fee
- Review Reorganization of Draft Rules 4755-7-01, 4755-7-02, and 4755-7-03

Next Meeting Date

The next meeting date of the Occupational Therapy Section is scheduled for Tuesday, November 18, 2008.

Action: Rebecca LeBron moved to adjourn the meeting. Rebecca Finni seconded the motion. The motion carried. The meeting adjourned at 3:26 p.m.

Respectfully submitted,
Diane Moore

Nanette Shoemaker COTA/L, Chairperson
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, OT Section

Mary Stover, OTR/L, Secretary
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, OT Section

Jeffrey M. Rosa, Executive Director
Ohio Occupational Therapy, Physical Therapy,
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NS;jmr:dm